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TECHNOLOGY CENTER R3700

MS ROE
PATENT
2786-0186P

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IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Yehuda YAMAY Conf.: 2035

Appl. No.: 09/914,227 Group: 3721

Filed: December 19, 2001 Examiner: L.K. HUYNH

For: PACKAGING METHOD AND APPARATUS

REQUEST FOR CONTINUED EXAMINATION
UNDER 37 C.F.R. § 1.114

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 12, 2004

Sir:

This is a "Request for Continued Examination" under 37 C.F.R. § 1.114, the provisions of which do not apply to:

(1) A provisional application; (2) An application for a utility or plant patent filed under 35 U.S.C. 111(a) before June 8, 1995; (3) An international application filed under 35 U.S.C. §363 before June 8, 1995; (4) An application for a design patent; or (5) A patent under reexamination.

Submission of an RCE is limited to an application in which prosecution is closed; e.g. final rejection, Ex Parte Quayle; or notice of allowability

This Request for Continued Examination is being filed prior to the earliest of:

(1) Payment of the issue fee, unless a petition under § 1.313 is granted; (2) Abandonment of the application; or (3) The filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of civil action under 35 U.S.C. §§ 145 or 146, unless the appeal or civil action is terminated.

The enclosed document is being transmitted via the Certificate of Mailing provisions of 37 C.F.R. § 1.8.

The enclosed document is being transmitted via facsimile.

Submission Required under 37 C.F.R. § 1.114:

Do NOT enter the After Final Amendment(s) previously filed on _____ under 37 C.F.R. § 1.116.

Enter as part of the present submission:

The After Final Amendment(s) previously filed on _____, under 37 C.F.R. § 1.116 but unentered, in the present application.

Arguments in the Appeal Brief or Reply Brief previously filed on _____.

A Reply Under Rule 1.111, attached hereto. Claim fee(s) are calculated as set forth below:

	TOTAL NUMBER OF CLAIMS PREVIOUSLY PAID FOR	TOTAL NUMBER OF CLAIMS BEING FILED HEREWITH	<u>NUMBER EXTRA</u>	Large Entity		Small Entity	
				Rate	Fee	Rate	Fee
Total Claims	20	16 =	0	X 18	\$	X 9	\$
Independent Claims	3	2 =	0	X 86	\$	X 43	\$
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				290	\$	145	\$
	TOTAL CLAIM FEE(S)					\$0.00	

An Information Disclosure Statement (IDS) and PTO-1449 form(s) is/are attached hereto for the Examiner's consideration.

Other: Petition for an Extension of Time

 Miscellaneous

Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ () months. (Period of suspension shall not exceed 3 months.)

Fees

The required fee under 37 C.F.R. § 1.17(e) as required by 37 C.F.R. § 1.114 when the RCE is filed, is enclosed herewith:

\$385.00 - small entity
 \$770.00 - large entity

The applicant(s) hereby petition(s) for an extension of one (1) month(s) pursuant to 37 C.F.R. §§ 1.17 and 1.136(a). The fee has been calculated as shown below:

NO extensions of time have been previously obtained in the prior application. Thus, a fee of \$55.00 is required for the full period of the above-requested extension of time.

An extension of () month(s) was previously requested and paid for on in the instant application. Thus, a fee of \$0.00 is required to obtain an additional () month(s) extension.

The fee of \$130.00 under 37 C.F.R. § 1.17(i) for suspension of action is enclosed.

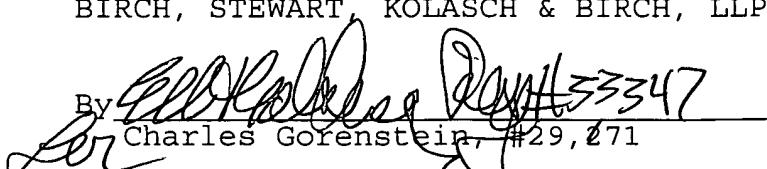
Enclosed is(are) check(s) in the total amount of \$440.00 for the applicable filing fee, additional claims fee, suspension fee, and/or extension fees.

Please charge Deposit Account No. 02-2448 in the amount of \$0.00. A triplicate copy of this sheet is attached.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. §§1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By 
Charles Gorenstein, #29,271

P.O. Box 747
Falls Church, VA 22040-0747
(703) 205-8000

CG/EAG/slb
2786-0186P

Attachment(s)

(Rev. 09/30/03)

RCE 1/12/04

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09914,227

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20=*	—
INDEPENDENT CLAIMS	2 minus 3 =*	—
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.